

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney's Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

\_\_\_\_\_  
☐ an Adult ☐ a Minor

Case Number: PB \_\_\_\_\_

**OBJECTION TO PETITION**

(check one box)

☐ Guardian and Conservator

☐ Guardian

☐ Conservator

**The following statements are made under oath. I want to tell the Court the following in response to what is written in the Petition:**

1. **NAME OF DOCUMENT.** The Petition I object to is called: \_\_\_\_\_
2. **HEARING DATE.** The date and time of hearing, and the name of the Judge assigned to this matter is  
Date of Hearing: \_\_\_\_\_  
Time of Hearing: \_\_\_\_\_  
Name of Judge: \_\_\_\_\_
3. **RELATIONSHIP.** My relationship to the person who has/will have the Guardian and/or Conservator is:  
\_\_\_\_\_  
\_\_\_\_\_
4. **REASONS WHY I OBJECT:** What I want the court to do, and what I want to say about the statements made in the Petition: (use additional sheets of paper, if needed:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **MAILING.** I promise that I mailed a copy of this Objection (after it was filled out by me) to the following individuals at the following addresses: the Petitioner or his/her attorney, the person who has or will have a Guardian and/or Conservator, and everyone to whom Petitioner gave a copy of the Notice of Hearing.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

## OATH AND VERIFICATION:

STATE OF ARIZONA                    )  
County \_\_\_\_\_ )ss.

I have read the Objection and these statements are true and correct and complete to the best of my knowledge.

SIGNED: \_\_\_\_\_  
(Signature of Person who Objects)

Subscribed and sworn to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC: \_\_\_\_\_